

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines

RED PAC

ADDRESS (number and street) Post Office Box 51
 Check if different than previously reported. (ACC)
 Homeland FL 33847

2. **FEC IDENTIFICATION NUMBER** CITY STATE ZIPCODE

C00389122

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report(Q1)
- July 15 Quarterly Report(Q2)
- October 15 Quarterly Report(Q3)
- January 31 Quarterly Report(YE)
- July 31 Mid-Year Report(Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- | | | | |
|--------------------------------------|---|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input checked="" type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day **PRE-Election** Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12G) | |

Election on _____ in the State of _____

- (d) 30-Day **Post -Election** Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on _____ in the State of _____

5. Covering Period 04 01 2008 through 04 30 2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. Casey A. Fletcher

Signature of Treasurer Electronically Filed by Mr. Casey A. Fletcher Date 05 16 2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only							
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FEC FORM 3X
(Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
RED PAC

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		52232.21
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	35154.14									
(c) Total Receipts (from Line 19)	33000.00	99650.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	68154.14	151882.21								
7. Total Disbursements (from Line 31)	24824.72	108552.79								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	43329.42	43329.42								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
RED PAC

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	0.00	3150.00
(i) Itemized (use Schedule A)	0.00	0.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	3150.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	33000.00	96500.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	33000.00	99650.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	33000.00	99650.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	33000.00	99650.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	6824.72	27552.79
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	6824.72	27552.79
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	18000.00	81000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	24824.72	108552.79
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	24824.72	108552.79

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3	33000.00	99650.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	33000.00	99650.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	6824.72	27552.79
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	6824.72	27552.79

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 15
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
RED PAC

A. Full Name (Last, First, Middle Initial)
ALLSTATE INSURANCE COMPANY POLITICAL ACTION COMMITTEE

Mailing Address 2775 Sanders Road
Suite A5

City State Zip Code
Northbrook IL 60062

FEC ID number of contributing federal political committee. **C** C00040253

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 4 / 2 3 / 2 0 0 8

Transaction ID: SA11C.5428

Amount of Each Receipt this Period
1000.00

2008 ANNUAL

B. Full Name (Last, First, Middle Initial)
CHRYSLER SERVICE CONTRACTS

Mailing Address 1000 CHRYSLER DRIVE

City State Zip Code
AUBURN HILLS MI 48326

FEC ID number of contributing federal political committee. **C** C00043687

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 4 / 0 2 / 2 0 0 8

Transaction ID: SA11C.5421

Amount of Each Receipt this Period
1500.00

2008 ANNUAL

C. Full Name (Last, First, Middle Initial)
CLEAR CHANNEL COMMUNICATIONS INC. POLITICAL ACTION COMMITTEE

Mailing Address 200 E. Basse Road

City State Zip Code
San Antonio TX 78209

FEC ID number of contributing federal political committee. **C** C00279216

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 4 / 1 5 / 2 0 0 8

Transaction ID: SA11C.5427

Amount of Each Receipt this Period
2000.00

2008 ANNUAL

SUBTOTAL of Receipts This Page (optional) ► **4500.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 15
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
RED PAC

A. Full Name (Last, First, Middle Initial)
COUNCIL OF INSURANCE AGENTS & BROKERS POLITICAL ACTION COMMITTEE; THE

Mailing Address 701 Pennsylvania Avenue NW
Suite 750

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00039578

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 04 / 30 / 2008
Transaction ID: SA11C.5434
 Amount of Each Receipt this Period: 1000.00
 2008 ANNUAL

B. Full Name (Last, First, Middle Initial)
HARTFORD FINANCIAL SERVICES GROUP INC ADVOCATES FUND FKA (HARTFORD ADVOCATES FUND)

Mailing Address HARTFORD PLAZA

City HARTFORD State CT Zip Code 06115

FEC ID number of contributing federal political committee. **C** C00168864

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt: 04 / 23 / 2008
Transaction ID: SA11C.5431
 Amount of Each Receipt this Period: 2500.00
 2008 ANNUAL

C. Full Name (Last, First, Middle Initial)
INSURPAC

Mailing Address 412 FIRST STREET SE SUITE 300

City WASHINGTON State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C** C00022343

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3500.00

Date of Receipt: 04 / 30 / 2008
Transaction ID: SA11C.5433
 Amount of Each Receipt this Period: 2500.00
 2008 ANNUAL

SUBTOTAL of Receipts This Page (optional) ► 6000.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 15
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
RED PAC

A. Full Name (Last, First, Middle Initial)
J P MORGAN CHASE & CO. FUND FOR GOOD GOVERNMENT - TEXAS
 Mailing Address 707 TRAVIS STREET 2ND FLOOR NORTH
 City HOUSTON State TX Zip Code 77002
 Date of Receipt MM / DD / YYYY 04 / 30 / 2008
 Transaction ID: SA11C.5432
 Amount of Each Receipt this Period 5000.00
 2008 ANNUAL
 FEC ID number of contributing federal political committee. C C00379388
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

B. Full Name (Last, First, Middle Initial)
KPMG
 Mailing Address P O BOX 18254
 City WASHINGTON State DC Zip Code 20036
 Date of Receipt MM / DD / YYYY 04 / 02 / 2008
 Transaction ID: SA11C.5423
 Amount of Each Receipt this Period 5000.00
 2008 ANNUAL
 FEC ID number of contributing federal political committee. C C00280222
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

C. Full Name (Last, First, Middle Initial)
MICROSOFT CORPORATION POLITICAL ACTION COMMITTEE
 Mailing Address 16011 NE 36th Way
Box 97017
 City Redmond State WA Zip Code 98073
 Date of Receipt MM / DD / YYYY 04 / 02 / 2008
 Transaction ID: SA11C.5420
 Amount of Each Receipt this Period 4000.00
 2008 ANNUAL
 FEC ID number of contributing federal political committee. C C00227546
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4000.00

SUBTOTAL of Receipts This Page (optional) ► 14000.00
TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 15
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
RED PAC

A. Full Name (Last, First, Middle Initial)
NAMIC PAC
Mailing Address P. O. BOX 68700
City INDIANAPOLIS State IN Zip Code 46268
FEC ID number of contributing federal political committee. **C** C00170258
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2500.00
Date of Receipt 04 / 07 / 2008
Transaction ID: SA11C.5424
Amount of Each Receipt this Period 2500.00
2008 ANNUAL

B. Full Name (Last, First, Middle Initial)
NAPSLO PAC
Mailing Address 805 15TH STREET NW, SUITE 700
City WASHINGTON State DC Zip Code 20005-2282
FEC ID number of contributing federal political committee. **C** C00417634
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 04 / 23 / 2008
Transaction ID: SA11C.5429
Amount of Each Receipt this Period 1000.00
2008 ANNUAL

C. Full Name (Last, First, Middle Initial)
NATIONAL ASSOCIATION OF INSURANCE AND FINANCIAL ADVISORS POLITICAL ACTION COMMITTEE
Mailing Address 2901 Telestar Court
City Falls Church State VA Zip Code 22042
FEC ID number of contributing federal political committee. **C** C00005249
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00
Date of Receipt 04 / 14 / 2008
Transaction ID: SA11C.5426
Amount of Each Receipt this Period 5000.00
2008 ANNUAL

SUBTOTAL of Receipts This Page (optional) ► 8500.00
TOTAL This Period (last page this line number only) ► 33000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 10 / 15

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
RED PAC

A.	Full Name (Last, First, Middle Initial) KAREN BOSWELL	Transaction ID: SB21B.5437
	Mailing Address PO BOX 1981	Date of Disbursement MM / DD / YYYY 04 / 07 / 2008
	City BARTOW State FL Zip Code 33831	Amount of Each Disbursement this Period 483.21
	Purpose of Disbursement POSTAGE Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Epiphany Productions	Transaction ID: SB21B.5443
	Mailing Address 104 Hume Avenue	Date of Disbursement MM / DD / YYYY 04 / 30 / 2008
	City Alexandria State VA Zip Code 22301	Amount of Each Disbursement this Period 5622.08
	Purpose of Disbursement PAC FUNDRAISING EXPENSES Candidate Name	003 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) C.W. LOWERS	Transaction ID: SB21B.5440
	Mailing Address 855 S. OAK AVENUE	Date of Disbursement MM / DD / YYYY 04 / 07 / 2008
	City BARTOW State FL Zip Code 33830	Amount of Each Disbursement this Period 250.00
	Purpose of Disbursement RENT Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	6355.29
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
RED PAC

A.

Full Name (Last, First, Middle Initial)
C.W. LOWERS

Mailing Address 855 S. OAK AVENUE

City BARTOW State FL Zip Code 33830

Purpose of Disbursement
RENT

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.5442
Date of Disbursement

04 / 30 / 2008

Amount of Each Disbursement this Period

250.00

B.

Full Name (Last, First, Middle Initial)
VERIZON

Mailing Address P O BOX 1001

City SAN ANGELO State TX Zip Code 76902-1001

Purpose of Disbursement
PHONE

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: IL District: 18

Transaction ID: SB21B.5441
Date of Disbursement

04 / 29 / 2008

Amount of Each Disbursement this Period

66.74

SUBTOTAL of Disbursements This Page (optional)

316.74

TOTAL This Period (last page this line number only)

6672.03

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
RED PAC

A.	Full Name (Last, First, Middle Initial) AARON SCHOCK FOR CONGRESS	Transaction ID: SB23.5448
	Mailing Address P. O. BOX 10555	Date of Disbursement MM / DD / YYYY 04 / 15 / 2008
	City PEORIA State IL Zip Code 61612	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement CONTRIBUTION Candidate Name	011 Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 18	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) ANNE NORTHUP FOR CONGRESS	Transaction ID: SB23.5452
	Mailing Address 3340 LEXINGTON ROAD	Date of Disbursement MM / DD / YYYY 04 / 30 / 2008
	City LOUISVILLE State KY Zip Code 40207	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement CONTRIBUTION Candidate Name	Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 03	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) BACHMANN FOR CONGRESS	Transaction ID: SB23.5455
	Mailing Address BOX 49756	Date of Disbursement MM / DD / YYYY 04 / 30 / 2008
	City BLAINE State MN Zip Code 55449	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement CONTRIBUTION Candidate Name	011 Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 06	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	7000.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
RED PAC

A.	Full Name (Last, First, Middle Initial) DAN BURTON FOR CONGRESS	Transaction ID: SB23.5447 Date of Disbursement
	Mailing Address 12141 E. 79TH STREET	<input type="text" value="04"/> / <input type="text" value="15"/> / <input type="text" value="2008"/>
	City INDIANNAPOLIS State IN Zip Code 46236	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION Candidate Name	<input type="text" value="2500.00"/>
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 05	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		<input type="text" value="011"/> Category/Type

B.	Full Name (Last, First, Middle Initial) DARREN P. WHITE FOR CONGRESS	Transaction ID: SB23.5451 Date of Disbursement
	Mailing Address P O BOX 16601	<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City ALBUQUERQUE State NM Zip Code 87191	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION Candidate Name	<input type="text" value="1000.00"/>
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 01	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		<input type="text" value="011"/> Category/Type

C.	Full Name (Last, First, Middle Initial) GREG DAVIS FOR CONGRESS	Transaction ID: SB23.5445 Date of Disbursement
	Mailing Address 5779 GETWELL ROAD, BLDG. D	<input type="text" value="04"/> / <input type="text" value="13"/> / <input type="text" value="2008"/>
	City SOUTHHAVEN State MS Zip Code 38672	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION Candidate Name	<input type="text" value="1000.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		<input type="text" value="011"/> Category/Type

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="4500.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
RED PAC

A.	Full Name (Last, First, Middle Initial) GREG DAVIS FOR CONGRESS	Transaction ID: SB23.5460 Date of Disbursement
	Mailing Address 5779 GETWELL ROAD, BLDG. D	<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City SOUTHHAVEN State MS Zip Code 38672	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION Candidate Name	<input type="text" value="2500.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="011"/> Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) JEANNETTE SCHMIDT FOR CONGRESS	Transaction ID: SB23.5449 Date of Disbursement
	Mailing Address 771 WARDS CORNER ROAD	<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City LOVELAND State OH Zip Code	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION Candidate Name	<input type="text" value="1000.00"/>
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 02	<input type="text" value="011"/> Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) OZINGA FOR CONGRESS	Transaction ID: SB23.5458 Date of Disbursement
	Mailing Address 19001 OLD LAGRANGE ROAD, #430	<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City MOKENA State IL Zip Code 60448	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION Candidate Name	<input type="text" value="1000.00"/>
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District:	<input type="text" value="011"/> Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="4500.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 15 / 15

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
RED PAC

A. Full Name (Last, First, Middle Initial) SALI FOR CONGRESS <hr/> Mailing Address PO Box 71 <hr/> City KUNA State ID Zip Code 83634 <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ID District: 01 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5456 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00 Category/Type: 011
B. Full Name (Last, First, Middle Initial) WALBERG FOR CONGRESS <hr/> Mailing Address 6769 Teachout Road <hr/> City Tipton State MI Zip Code 49287 <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 07 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5457 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00 Category/Type: 011

SUBTOTAL of Disbursements This Page (optional) ►

2000.00

TOTAL This Period (last page this line number only) ►

18000.00